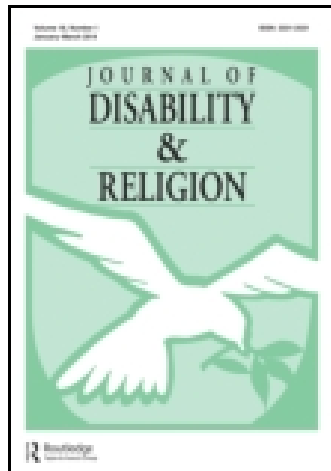


This article was downloaded by: [Professor Axel Liégeois]

On: 19 December 2014, At: 00:29

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Disability & Religion

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wrdh21>

Quality of Life Without Spirituality? A Theological Reflection on the Quality of Life of Persons With Intellectual Disabilities

Axel Liégeois^a

^a Department of Theology and Religious Studies, Catholic University of Leuven (KU Leuven), and Brothers of Charity, Gent, Belgium

Published online: 16 Dec 2014.



CrossMark

[Click for updates](#)

To cite this article: Axel Liégeois (2014) Quality of Life Without Spirituality? A Theological Reflection on the Quality of Life of Persons With Intellectual Disabilities, *Journal of Disability & Religion*, 18:4, 303-317, DOI: [10.1080/23312521.2014.966466](https://doi.org/10.1080/23312521.2014.966466)

To link to this article: <http://dx.doi.org/10.1080/23312521.2014.966466>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &

RESEARCH ARTICLES

Quality of Life Without Spirituality? A Theological Reflection on the Quality of Life of Persons With Intellectual Disabilities

AXEL LIÉGEOIS

*Department of Theology and Religious Studies, Catholic University of Leuven (KU Leuven),
and Brothers of Charity, Gent, Belgium*

Quality of life is an important and successful concept in the support of people with intellectual disabilities. Nevertheless, the concept pays no attention to spirituality. This contribution aims at integrating spirituality into quality of life. First, the dominant approach of quality of life, excluding spirituality, is described and discussed. Then, two alternative approaches that integrate spirituality are presented—one based on existential philosophy and another on relational personalism. The last model enables a description of the various dimensions of the human person, including spirituality, with elements of the person's life story, as a basis for an assessment of quality of life.

KEYWORDS *quality of life, disability, spirituality, personalism*

Quality of life has become a very important concept in supporting people with intellectual disabilities. It is a successful concept because it focuses on what is important and desirable from the point of view of the person with intellectual disabilities. The goal is to enhance what contributes to quality of life and to avoid what impairs this quality. Measuring quality of life enables professionals to develop strategies for individual support and welfare policy.

Many Christian philosophers and theologians are critical of this concept. Usually they believe that, in a medical context, assessing the quality of life of people with intellectual disabilities will be an argument to give up their inviolability and the sanctity of their life (Musschenga, 1987). Thus they restrain themselves from use of the concept. The philosopher Herman De

Address correspondence to Axel Liégeois, Faculty of Theology and Religious Studies, Sint-Michielsstraat 4 Box 3101, B-3000 Leuven, Belgium. E-mail: axel.liegeois@theo.kuleuven.be

Dijn, moreover, strongly criticizes the concept with other arguments: quality of life is too much centered on the subject; it attempts to control everything in life; and it leaves no room for the soul (De Dijn, 2002).

One can understand these critical comments. Nevertheless, by criticizing so strongly the possible negative aspects of quality of life, these scholars ignore the opportunities that the positive elements include. Some are more in favor of the concept of quality of life, but agree with one important element of criticism: There is no room for the soul in the concept of quality of life, or, in other words, for spirituality in quality of life. This proposal would like to link both: quality of life and spirituality. The aim is to integrate spirituality into quality of life. The discussion will try to elaborate on a concept of quality of life that includes spirituality.

This contribution will have a look at the dominant approach of quality of life in the support of people with intellectual disabilities, will ascertain that there is insufficient attention to spirituality in this model, and will discuss the issue of quality of life without spirituality. Then, two alternative approaches to quality of life will be proposed that take account of spirituality: the first is based on existential philosophy, and the second is the author's own proposal, based on relational personalism.

THE DOMINANT APPROACH OF QUALITY OF LIFE

Consensus Principles

Let the discussion start with the existing literature on quality of life and disability. It is interesting to look at some basic principles in this literature, for which consensus is broad. Maes and Petry (2006) distinguish four basic principles on which there is a broad consensus.

The first principle is that quality of life is a multidimensional construct, influenced by both personal and environmental factors and the interactions between them. Several dimensions or domains of quality of life are identified. The eight domains of quality of life distinguished by Schalock and Verdugo (2002) are internationally accepted. The discussion shall return later to these dimensions.

According to the next principle, the concept of quality of life is composed by the same components for all people. The standard of quality of life is not different for people with intellectual disabilities than for other people. Of course, there is a great variability in the way the various domains of life are experienced. There are variations among different individuals, among different cultural groups, and throughout the life span of individuals.

Furthermore, quality of life has both subjective and objective aspects. The objective aspects refer to characteristics of the life situation that can be observed in an objective manner. The subjective aspects, however, point

to the subjective perception and appreciation of the life situation by the individual person. Valid assessments take into account both the objective and subjective aspects, but primarily the subjective aspects.

The last principle entails that quality of life is enhanced by self-determination. There is quality of life when a person's needs and choices are met, in accordance with his or her personal value system. People experience quality of life when they can make their own choices, can determine their life and have control over their own life. Quality of life is an emancipatory concept, aimed at empowerment and self-determination.

Dominant Model of Quality of Life

There is a dominant model in the research on quality of life of people with intellectual disabilities. The research group of Schalock and Verdugo (2002) in the United States developed this model. It is accepted worldwide as a useful model, in particular by the American Association of Intellectual and Developmental Disabilities (AAIDD).

Schalock and Verdugo (2002) made an analysis of the international literature and participated in an international consensus process. Based on this research, Schalock and Verdugo distinguish eight domains of quality. The eight domains are presented in the following order: emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion, and rights.

It is remarkable that there is no trace of spirituality in these domains of quality of life. But Schalock and Verdugo (2002) add indicators to these domains. These indicators, also called *describers*, are topics that describe the domain and make it more concrete. These indicators are not always the same and are rather exemplary. In the various publications, there are multiple and different lists of indicators. In one of the lists of indicators, there is a reference to spirituality. In this list, spirituality is an indicator of emotional well-being. The list of indicators of the domain of emotional wellbeing is: contentment, emotional wellbeing, self-concept, safety, spirituality, happiness, and freedom of stress (Schalock & Verdugo, 2002). Hence, spirituality is an indicator of emotional wellbeing. Noteworthy is that religion is a sub-indicator of spirituality. The other indicators also have sub-indicators, but these are not important for the purpose of this discussion.

One can provisionally conclude that spirituality is not one of the constitutive elements in the dominant model of quality of life, but an indicator of emotional well-being, and that religion is a sub-indicator of spirituality. Hence, three points need to be discussed: the insufficient interest in spirituality, the relation between spirituality and religion, and the relation between spirituality and emotional well-being.

QUALITY OF LIFE WITHOUT SPIRITUALITY?

Insufficient Attention to Spirituality

What could be the reasons for this lack of interest? A first reason is the dominant research model. Research in disability studies is mainly empirical, and then usually quantitative empirical research (Albrecht et al., 2001). It implies that the data can be quantified and measured. This approach is also the case in the research on the quality of life. Conceptualization of quality of life is only a first step towards measuring quality of life, which is a problem for the concept of spirituality in the context of empirical research. Spirituality refers to a reality that transcends the empirical data and that cannot be measured. Only the human experience of spirituality can be measured. The real referent of spirituality escapes from all attempts to quantify. That is one of the reasons why social scientists avoid the concept of spirituality.

Another reason is the dominant social and cultural climate. The Western world is characterized by secularization, or more precisely, by de-confessionalization, de-traditionalization, de-institutionalization, and pluralization (Boeve, 2007). Confessions, traditions, and institutes are regarded as suspicious. There is a great indifference to religion. In contrast, there is an emergence of a multitude of spiritual movements. Nevertheless, spirituality and religion apparently are not a real point of interest for many researchers. It requires a special sensitivity and a lot of courage to pay attention to spirituality, especially in the professional context. To integrate spirituality in research is even more difficult because of the dominant research model. Both reasons reinforce each other.

Relation Between Religion and Spirituality

The next point is that spirituality and religion are not the same but related. Historically, religion and spirituality have been used as similar concepts. But in contemporary times, the concepts are split up. Spirituality is conceived as the private realm of the personal search for the sacred. Religion, however, is connected with the public realm of the person's affiliation with a religious institution. Some people see themselves as spiritual, but not as religious.

It is not easy to define religion and spirituality, and there is no consensus on the definitions. Nevertheless, one can attempt to formulate a working definition, based on reflection on pastoral and spiritual care (Liégeois, 2008). This working definition is not neutral and is conceived from a theological perspective. *Religion* is the connectedness with a transcendent and divine reality that is expressed in a tradition of beliefs and practices, symbols, and narratives, which enables the experience of meaning in life, and that is shared in a particular community. In this broad definition, spirituality is included in religion. *Spirituality* is the experience of meaning in life through the connectedness with a transcendent reality. But this is only possible

because there is a set of beliefs and practices, symbols, and narratives that are connected with a particular community.

In the indicators of quality of life, on contrary, spirituality is a superior category than religion. Spirituality includes religion. But unfortunately, the concepts are mentioned without any explanation. Nevertheless, one can deduce that spirituality is a broader and more important concept than religion. The authors are in line with the contemporary vision of spirituality as a personal search and religion as an institutional setting, and for this discussion can presume that they prefer spirituality to religion.

Relations Between Spirituality and Emotional Well-Being

This preference also explains why the authors put spirituality in the domain of emotional well-being. Emotional well-being is primarily an individual matter. There are seven indicators: contentment, emotional well-being in the sense of personal and psychological well-being, and self-concept, safety, spirituality, happiness, and freedom of stress.

If this approach is compared with the working definition for this study, then it becomes clear that one opts for a broader concept of spirituality and religion. Of course, spirituality is a matter of experience and emotions. But this emotional experience is only possible because there are beliefs and practices, symbols and narratives and a particular community. There are many more dimensions related to spirituality than the emotional dimension.

One can also refer to the general accepted dimensions of religion, as conceived by Smart (1996). In this authoritative view, Smart distinguishes seven dimensions: the practical and ritual dimension, the experiential and emotional dimension, the narrative and mythological dimension, the doctrinal and philosophical dimension, the ethical and legal dimension, the social and institutional dimension, and finally the material dimension.

The discussion can provisionally conclude that these reflections and arguments make clear that the concept of quality of life shows an insufficient interest in spirituality and a narrow view of spirituality. From the perspective of theology, a concept of quality of life is needed that recognizes spirituality as a constitutive domain of quality of life. Therefore, the study looks further for alternative concepts of quality of life.

ALTERNATIVE APPROACH BASED ON EXISTENTIAL PHILOSOPHY

A search in the literature of disability studies was conducted for this study. Some literature pays attention to the dimension of spirituality in quality of life or describes how people with disabilities experience spirituality in their life (Ault, 2010; Neufeldt & McGinley, 1997; Peterson & Webb, 2006; Poston & Turnbull, 2004). But only one approach was found that builds a

comprehensive and alternative model of quality of life that includes spirituality. It is the approach of the research group of Renwick and Brown (1996) at the University of Toronto, Canada. This approach is very interesting because it makes explicit the basis of this model in existential philosophy, by discussing the components and the definition of quality of life and recognizing the role of spirituality in quality of life. The discussion here starts with the assumptions.

Philosophical Assumptions

Renwick and Brown (1996) make explicit their general assumptions, which are in line with the four consensus principles mentioned at the beginning of this contribution: quality of life is a multidimensional construct, with the same components for all people, with subjective and objective aspects, and enhanced by self-determination. Nevertheless, they formulate one assumption that is typical for their approach, namely the holistic nature of quality of life. This implies recognition of the physical, psychological, spiritual, and social aspects of quality of life. This option follows from their philosophical assumptions.

Renwick and Brown make explicit their philosophical assumptions and state being broadly influenced by the existential-humanistic philosophy and psychology (Woodwill et al., 1994). They refer to authors such as Bakan, Becker, Leder, MacMurray, May, Merleau-Ponty, Sullivan and Zaner, but do not make clear which ideas or concepts of which authors exactly influenced their work.

In a general way, Renwick and Brown refer to the following core ideas (Renwick & Brown, 1996; Woodwill et al., 1994). The existential philosophy focuses on the existence of the person, on the being or non-being. Several levels can be discerned in this existence, namely, the physical, psychological, social and spiritual existence. The most fundamental level is the existence of the person in a particular and lived body. Secondly, the person develops psychological structures that form the identity or personality. Thirdly, this person is in the world, in relation to others. Finally, through life span, the person develops meaning in life.

Furthermore, Renwick and Brown discern four levels of meaning, namely, personal, social, secular, and sacred meaning. Meaning can be personal, what one is oneself, deep down inside. Meaning can be social, including the intimate others, as friends and relatives. There is also secular meaning, referring to a higher power, for example, the nation or humanity. Finally, there is sacred meaning, referring to the highest level of power, for example, nature, the source of creation or God.

Based on the four levels of existence, Renwick and Brown construct a conceptual framework of quality of life. They discern three essential components of quality of life, namely being, belonging, and becoming. *Being*

encompasses the most fundamental aspects of who a person is as an individual. *Belonging* is concerned with the connection between the person and the environment. *Becoming* focuses on the activities in which the person attempts to realize his or her purposes.

Components of Quality of Life

These three components—being, belonging and becoming—are the basis of the concept of quality of life. In each of these components, Renwick and Brown discern three sub-components. These sub-components are based on the previously mentioned levels of existence. *Being* encompasses physical being, psychological being and spiritual being. *Belonging* includes physical, social and community belonging. And *becoming* consists of practical, leisure and growth becoming (Renwick & Brown, 1996). This discussion focuses on spiritual being.

Spirituality

What do Renwick and Brown understand by the sub-component of spiritual being? In their view, spiritual being embodies “personal values”, “personal standards to live by” and “spiritual beliefs” (Renwick & Brown, 1996; Woodwill et al., 1994). These spiritual beliefs may be religious in nature or not. *Religious* means characteristic of an organized religion. This spiritual being may refer to transcending daily life experiences, through, for example, nature or music. It may also refer to celebrations of special life events, such as birthdays, Thanksgiving, and other cultural or religious holidays.

For Renwick and Brown, spirituality is a broader concept than religion and is more linked with personal experience than with belonging to a religious tradition or community. Indeed, it is remarkable that spirituality belongs to being, thus to whom persons are as individuals. Spirituality is not a matter of belonging, the connection between the person and the environment, nor a matter of becoming, the purposes a person attempts to realize. Nevertheless, one appreciates very much that Renwick and Brown develop a concept of quality of life that includes spirituality, even if spirituality is understood in a more individualistic way.

Definition of Quality of Life

Renwick and Brown establish also an interesting definition of quality of life and define it as “the degree to which a person enjoys the important possibilities of his or her life” (Renwick & Brown, 1996; Woodwill et al., 1994). Possibilities can be positive or negative and refer to the opportunities and constraints in a person’s life. They result from the interaction between the person and his or her environment. Some possibilities occur by chance.

They are determined and not under a person's control. Other possibilities occur by choice. They are created and to a certain degree under a person's control. Many possibilities occur in a person's life. However, a person cannot deal with all possibilities, but only with some of them at a particular time.

Some possibilities have a special importance or meaning for the person. These important possibilities have significance for the person's quality of life. Hence, Renwick and Brown develop a definition: *quality of life is the degree of enjoyment of these important possibilities*. Enjoyment comprises two aspects: first, it is the attainment of these possibilities in life, and second as a result, the pleasure associated with this attainment. This enjoyment is different from person to person and from one moment to another.

ALTERNATIVE APPROACH BASED ON RELATIONAL PERSONALISM

Finally, this discussion proposes its own alternative approach, which has a lot of similarities with the model of Renwick and Brown. This is not surprising since both models are grounded in existential philosophy and recognize the role of spirituality in quality of life. Nevertheless, an important difference is how spirituality is conceived: in this proposed view, spirituality is not as a sub-component of individual being, but an all-encompassing dimension of life.

Another similarity is that both approaches share the consensus principles: quality of life is a multidimensional construct, with the same components for all people, with subjective and objective aspects and enhanced by self-determination. When speaking of human persons in developing this model of quality of life, persons with intellectual disabilities are included.

Furthermore, Renwick and Brown's definition of quality of life is appreciated very much, and this proposal cannot formulate it in a better way: quality of life is the degree of enjoyment of the important possibilities in life. Nevertheless, an important difference is the underpinning. The current approach is explicitly grounded in personalism.

Personalism

Essential in personalism is that the human person stands central and is approached from an integral perspective, as a whole entity, in all dimensions of its humanness (Selling, 1988). This approach is what differentiates personalism from individualism. The use of the word *individual* is intended to emphasize the independence of man, separate and distinct from others. Relationships with these others and with the environment are viewed from this individualistic perspective. In contrast, the use of the word *person* places the emphasis on openness and commitment towards people and the world outside the self. In personalism, a human being is not only an individual but

also a person. The relationship between one being and all other beings and their common environment is paramount.

The father of personalism in ethics is theologian Louis Janssens, who contributed to the renewal of catholic moral theology after Vatican II by proposing personalism as an alternative for the Neo-Thomistic approach of natural law in catholic moral theology. Janssens was influenced by phenomenological and personalist philosophers as Bergson and Blondel, Buber and Mounier, Maritain and Renouvier, and Scheler and others (De Tavernier, 2009). Janssens (1980) elaborated a concept of the human person as foundation and criterion of a personalist ethics. After more than 30 years, this personalism needs a revision. The core element of this revision is a radicalization of the relational character of the human person, therefore, called *relational personalism*. The human person is a relational tension between being connected with others and with the world in one regard and being an individual subject in another.

Anthropological Givens of Time and Space

The human person is in essence relational. Precisely for this reason, the starting point cannot be the human person as a subject, but the context in which the human person is interrelated to other and to the world. This context is defined by two anthropological givens: time and space. As a result, the human person can be situated on a time line and a space line (van Knippenberg, 2002). Human persons live in time and space; these are the parameters of their existence.

The time line is the historical progress that human persons make between the moment of their birth and the moment of their death. This is their life history. People try to interpret the fragments of their life history in a manner that blends into a valuable and meaningful whole. As part of this process, they pose existential questions about their origin and their destination. Who am I and where did I come from? Where am I going and what is my future? Between their origins and their destination, they try to build a good life.

This time line is not only an anthropological given, it has also a theological underpinning. The time line can be grounded in the history of God with mankind. It started with creation and will end with eschatology. One can discern the history God makes with the people of Israel, with his Son Jesus of Nazareth, with the churches and all mankind, inspired by the Holy Spirit. One can also discern the time line in one's own life span, in the vocation to become a Christian.

The space line is the relational tension which human persons experience between their individuality and their connectedness with others. This is their life world. Most people want to be independent and want to make their own choices. At the same time, they are interconnected with others in a network of

relationships within the context of their environment. Once again, people can ask questions about their search for individuality and for connectedness. Who am I and what is my real identity? How can I live with others without losing myself? Where are the boundaries of my freedom and my responsibilities?

The space line can also be theologically grounded. Christianity is the most relational religion. God is revealed as Father, Son and Spirit, who are in relation to one another. God is a triune God, relation between three Persons. God who is relation, created human beings in His image and likeness. Hence, human persons are also essentially relational. Through creation, God binds all creatures in relationship to each other. God has made all people brothers and sisters of each other. Relation is deeply anchored at the heart of Christianity.

The human person lives in the here and now, at the intersection of time and space, at the crossroads of life history and life world. This vision of the human person is the foundation of our relational personalist vision.

The Bio-Psycho-Social and Spiritual Model

This vision can be further elaborated by distinguishing a number of dimensions of the human person. By doing so, Janssens' concept of the human person is reconsidered. As a starting point for this concept, the bio-psycho-social model in psychiatry is referenced (Engel, 1977; Frankel et al., 2003). This model was a reaction to the medical model that reduces disease to a causal mechanism of biological factors. The new model suggests that disease should be considered as a combination of biological, psychological and social factors. This creates a new approach that also takes into account the experience of people and the context in which they live.

This model was later extended to include the fourth dimension of spirituality. Thus the bio-psycho-social and spiritual model arose. The fourth dimension of spirituality was added under the influence of existential philosophy and existential psychiatry and psychotherapy. In philosophy, existentialism was articulated by Kierkegaard and Nietzsche, Husserl and Heidegger, Buber and Scheler, Sartre and Camus, Merleau-Ponty, and Tillich (van Deurzen, 1997). An existential psychotherapy and psychiatry was developed by Jaspers and Binswanger, Minkowski and Boss, Frankl, May, Yalom and van Deurzen (1997). Van Deurzen makes a synthesis of existential psychotherapy and describes the four dimensions: the physical dimension of being with nature, the psychological dimension of being with oneself, the social dimension of being with others and the existential dimension of being with meaning.

The proposal is to see the four dimensions as concentric circles. The physical dimension is the core of our existence. Together, the physical and psychological dimensions constitute the individuality of the person. This individuality stands in relation to the social dimension, the environment or

context. The most far-reaching relationship is that with the spiritual, the all-encompassing dimension of our existence.

The bio-psycho-social and spiritual model has a great influence on health care. In many approaches that promote spirituality in health care, reference is made to this model. One can think of Sulmasy (2006) in general health care and Swinton (2001) in mental health care. Also official organizations include the spiritual dimension. The World Health Organization (WHO, 1995) also defined quality of life. They discern six dimensions: the physical, the psychological, independence, social relationships, environment, and finally spirituality, religion, and personal beliefs. Spirituality is seen as an independent and full dimension of quality of life. Nevertheless and unfortunately, in the abbreviated version, spirituality is again a sub-dimension of the psychological dimension. Finally, the spiritual dimension is also recognized as a full dimension in the definition of palliative care of the same WHO (2013): palliative care “integrates the psychological and spiritual aspects of patient care” (WHO, 2013).

Dimensions of the Human Person

Based on relational personalism, the anthropological givens of time and space, and the bio-psycho-social and spiritual model, the dimensions of the human person can be developed (Liégeois, 2014). This approach starts with the space line and the relational tension between individuality and connectedness. In fact, this is very similar to the approach of Renwick and Brown. Belonging is the connection between the individual person and the environment. With the terms of Renwick and Brown, the tension between individuality and connectedness can be renamed as the tension between being and belonging.

With regard to the connectedness or belonging, the social factor of bio-psycho-social and spiritual model can be enlarged to the whole context of the human person. People are, first and foremost, a matter of relational connectedness. Different dimensions of this connectedness can be determined: people live in their family relationships, their social relationships, the societal environment, the material world; and the natural world. Family relationships are the relations with a partner, or between parents and children, brothers and sisters, for example, and have a powerful impact on the psychological life of people. Social relationships take place within the personal and professional environment and include relations with colleagues and friends, but also with care providers and care receivers. The societal environment is the society and culture in which people live and in which they are integrated or not. The material world consists of all the material things that people need and the economic system in which they participate. The natural world refers to nature, the cosmos and the ecological system in which people live.

By living in this state of relatedness people can fully become human persons, which in turn allows them to become independent individuals. This individuality can be renamed as “our being: in the terms of Renwick and Brown. This individuality is based on a psychosomatic unity. In this manner, one finds oneself in two new dimensions of the human person: people are physical beings and psychological beings. The physical dimension refers to the physicality of the body. The psychological dimension refers to people’s thoughts, feelings and motives. It is through these two dimensions that people come into contact with others and the other. The psychosomatic element is focused on the connectedness within relationships and in a specific environment.

Another dimension of the human being is spirituality. Here the ultimate dimension of the human person is met: people are spiritual beings. They live in relation to a spiritual reality that goes beyond their sensory perception. The spiritual dimension encloses the physical, psychological, and social or contextual dimensions, and is open to a transcendent reality. People are able to live in awareness of an all-encompassing and transcendent reality, which they can experience as something secular, something religious, or as a personal God.

However, the space line of individuality and connectedness is intersected by the time line. This leads to another dimension. People are also historical beings. This historicity can be renamed as becoming, in the terms of Renwick and Brown. Persons live on a timeline in the present, but are influenced by the events of the past and their expectations for the future. In this manner, people form their life history. This approach creates a development dynamic that is present in all the other previously mentioned dimensions. One can distinguish the time dimensions of past, present and future in each of the other eight dimensions. A life history is the process of acquiring a life world. The time and space lines bisect each other.

A Relational and Integral Concept of Quality of Life

Based on this relational personalist view of the human person, the discussion can now elaborate on a model of quality of life. Quality of life is a multidimensional construct. Relational personalism provides us a good anthropological and theological foundation for a multidimensional approach of quality of life. These dimensions are so essentially human, that they are the same for all persons, regardless of the possible intellectual or other disabilities. On each dimension, one meets possibilities. Some are opportunities, others are constraints. Some occur more by chance, others more by choice. Anyway, a lot of possibilities are associated with these dimensions. These possibilities have objective aspects, but quality of life depends more on the subjective appreciation. Quality of life is the enjoyment of the possibilities met on each of these dimensions.

The dimensions are the familial, social, societal, material, natural, physical, psychological, and spiritual dimensions of human life. These dimensions are situated on the space line. They show a tension between individuality and connectedness, between being and belonging. But the time line intersects each of these dimensions. This is becoming, the tension between origin and destination. It has three sub-dimensions, namely the past, the present, and the future. The present is current experience, the past is the influences on the current situation and the future means goals and hopes. The timeline creates a dynamic. It is a dynamic approach of influences, experiences, and goals in all the other dimensions. This timeline with the development from the past, in the present, towards the future, encourages people to create their life story. And this life story concerns all dimensions of their life word, situated on the space line. A description of these dimensions with elements of the life story, offers a basis for an assessment of the quality of life, even more, the full life, including the spiritual dimension. Consequently, the following matrix or diagram of quality of life can be constructed (Figure 1).

When this matrix is compared with the dimensions of Schalock and Verdugo (2002), some differences are evident. In this model, attention is explicit to the familial, apart from the social, to the natural, and to the spiritual. Schalock's dimensions of social inclusion and rights refer to the societal environment. The dimension of self-determination refers to the timeline with the dynamic movement from influences of the past on the current experience and aimed at future goals.

In a comparison with the dimensions of Renwick and Brown, there are some minor differences. Most dimensions are corresponding. The practical

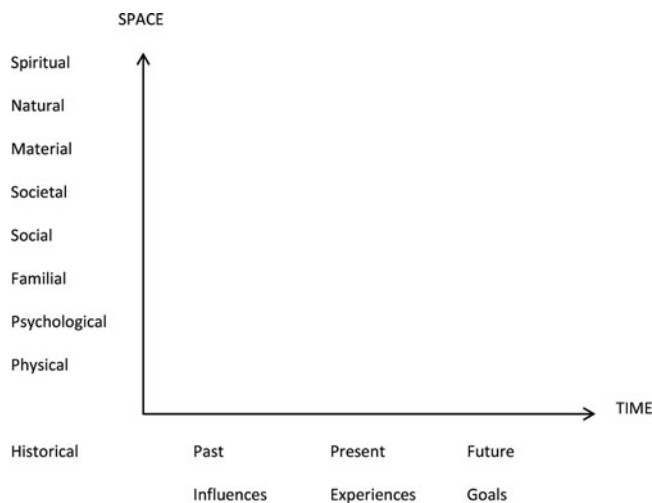


FIGURE 1 Relational and Integral Concept of Quality of Life.

and leisure activities of Renwick and Brown can be linked to the psychological, social or societal dimensions. The personal growth activities refer again to the time line with the dynamic of influences, experiences and goals.

CONCLUSION

Finally, the discussion comes to the role of spirituality. Spirituality is an independent and full dimension of human existence and hence of quality of life. It is not a sub-dimension of the psychological. It is an all-encompassing dimension since it refers to a reality that transcends all the other dimensions. This approach implies that spirituality is present in all the other dimensions. In the diagram, spirituality is represented as a separate dimension, next to the other dimensions. In a good understanding, spirituality is immanent and present in the other dimensions and, at the same time, it transcends the other dimensions because it is all-encompassing. It is the divine dimension of reality.

REFERENCES

- Albrecht, G. L., Seelman, K. D., & Bury, M. (Eds.) (2001). *Handbook of disability studies*. Thousand Oaks, CA: Sage Publications.
- Ault, M. J. (2010). Inclusion of religion and spirituality in the special education literature. *Journal of Special Education*, 44, 176–189.
- Boeve, L. (2007). *God interrupts history: Theology in a time of upheaval*. New York, NY: Continuum.
- De Dijn, H. (2002). *De herontdekking van de ziel. Voor een volwaardige kwaliteitszorg*. Kapellen, Belgium: Pelckmans.
- De Tavernier, J. (2009). The historical roots of personalism. From Renouvier's *Le Personnalisme*, Mounier's *Manifeste au Service du Personnalisme* and Maritain's *Humanisme Intégral* to Janssens' *Personne et Société*. *Ethical Perspectives*, 16, 361–392.
- Engel, G. (1977). The need for a new medical model: A challenge for biomedicine. *Science* 196, 129–136.
- Frankel, R., Quill, T., & McDaniel, S. (Eds.) (2003). *The biopsychosocial approach: Past, present, future*. New York, NY: University of Rochester Press.
- Janssens, L. (1980). Artificial insemination: Ethical considerations. *Louvain Studies*, 8, 3–29.
- Liégeois, A. (2008). Zinbeleving in de GGZ. Enkele varianten van begeleiding. *Psychopraxis*, 10, 247–251.
- Liégeois, A. (2014). *Waarden in dialoog. Ethiek in de zorg*. Leuven, Belgium: LannooCampus.
- Maes, B., & Petry, K. (2006). Kwaliteit van leven bij personen met verstandelijke beperkingen. *Gedrag en Gezondheid*, 34, 280–295.
- Musschenga, A. (1987). *Kwaliteit van leven. Criterium voor medisch handelen?* Baarn, The Netherlands: Ambo.

- Neufeldt, A., & McGinley, P. (1997). Human spirituality in relation to quality of life. In R. Brown (Ed.) *Quality of life for people with disabilities: Models, research and practice* (2nd ed., pp. 292–309). Cheltenham, UK: Stanley Thornes.
- Peterson, M., & Webb, D. (2006). Religion and spirituality in quality of life studies. *Applied Research in Quality of Life*, 1, 107–116.
- Poston, D., & Turnbull, A. (2004). Role of spirituality and religion in family quality of life for families of children with disabilities. *Education and Training in Developmental Disabilities*, 39, 95–108.
- Renwick, R., & Brown, I. (1996). The Centre for Health Promotion's Conceptual Approach to Quality of Life. Being, Belonging, and Becoming. In R. Renwick, I. Brown & M. Nagler (Eds.). *Quality of life and health promotion and rehabilitation: Conceptual approaches, issues and applications* (pp. 75–86). London, UK: Sage.
- Schalock, R. L., & Verdugo Alonso, M. A. (2002). *Handbook on quality of life for human service practitioners*. Washington, DC: American Association on Mental Retardation.
- Selling, J. (Ed.) (1988). *Personalist morals: Essays in honor of Professor Louis Janssens*. Leuven, Belgium: University Press.
- Smart, N. (1996). *Dimensions of the sacred: An anatomy of the world's beliefs*. Berkeley, CA: University of California Press.
- Sulmasy, D. (2006). *The rebirth of the clinic. An introduction to spirituality in health care*. Washington, DC: Georgetown University Press.
- Swinton, J. (2001). *Spirituality and mental health care. Rediscovering a 'forgotten' dimension*. London, UK: Jessica Kingsley Publishers.
- van Deurzen, E. (1997). *Everyday mysteries: Existential dimensions of psychotherapy*, London, UK: Routledge.
- van Knippenberg, T. (2002). *Towards religious identity: An exercise in spiritual guidance*. Assen, The Netherlands: Van Gorcum.
- World Health Organization (WHO). (1995). *The World Health Organization Quality of Life WHOQOL*. Retrieved from http://www.who.int/mental_health/publications/whoqol/en/
- World Health Organization (WHO). (2013). *Palliative care*. Retrieved from <http://www.who.int/cancer/palliative/en/>
- Woodwill, G., Renwick, R., Brown, I., & Raphael, D. (1994). Being, belonging, becoming: An approach to the quality of life of persons with developmental disabilities. In D. Goode (Ed.): *Quality of life for persons with disabilities: International perspectives and issues* (pp. 57–74). Cambridge, MA: Blackwell.